

IN THE UNITED STATES PATENT & TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

To: Assistant Commissioner for Patents

Date: May 8, 2001

Box Patent Application

Washington, D.C. 20231, USA

Docket No.: 08-887817US1

Inventor(s): GRUBER, John G.

The following are enclosed for filing this nonprovisional application relating to:

Time Simulation Techniques to Determine Network Abailability

| | ☑ CONTINUING APPLICATION. This is a ☐ Continuation ☐ Divisional ☒ Continuation-in-part | | | | |
|--|--|--|---------------------|------------------------------|--|
| | | of prior Application No09/709,340 | | | |
| ☐ A Certified Copy of the application(s) from which this application claims priority und | | | | | |
| | 35 U.S.C. §119 has been filed | 35 U.S.C. §119 has been filed in the prior application identified above. | | | |
| | □ Copy of the assignment(s) to , recorded with respect to the prior | | | | |
| | application identified above. | | | | |
| | Specification, including Claims a | and Abstract | Pages: <u>1-2</u> | 3 | |
| | ☑ Drawings | | Sheets: 12 | 2 | |
| | ☐ Oath or Declaration | | Pages: 3 | | |
| | □ New | | | | |
| | or □ Copy from the prior applicatio | n identified above (for | cont./div., 37 CF | R §1.63(d)) | |
| | ☐ Signed statement attached de | eleting inventor(s) name | ed in the prior app | olication | |
| | ☐ The entire disclosure of the p | prior application is cons | sidered as being p | art of the disclosure | |
| of the a | ccompanying application and is herel | | _ | | |
| | ☐ Certified Copy of Priority Docum | nent (if foreign priority | is claimed) | | |
| ~ | Assignment Papers (cover sheets | (s) and documents(s)). | Please record and | d return to the undersigned. | |
| | Information Disclosure Statemen | t (IDS)/PTO-1449 | | IDS Citations | |
| | □ Preliminary Amendment. Fees a | re calculated below after | er entry of any pre | eliminary amendment. | |
| | □ Return Receipt Postcard | | | | |
| | □ Other: | | | | |
| | | | | | |
| FEES: | Basic Fee: | | | \$710.00 | |
| | Assignment(s): | | x \$40.00 = | | |
| | ☐ Multiple Dependent Claims | | | | |
| | Total Claims: | 14 - 20 = | x \$18.00 = | | |
| | Independent Claims: | 3 - 3 = | | | |
| | | | TAL FEE: | \$710.00 | |
| | | | | | |
| | sistant Commissioner is hereby authorich may be required or credit any over | | | | |
| | ☑ Fees required under 37 CFR §1.1 | 116 including the Total | Fee calculated ab | oove. | |
| | □ Fees required under 37 CFR §1.1 | - | | | |
| CORR | ESPONDENCE ADDRESS: | | Yours very tr | uly | |
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| | | | Registration | No. 39 465 | |